Bureau of Health Care Quality and Compliance

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN3839HPC | | | A. BUILDING | PLE CONSTRUCTION | (X3) DATE SU COMPLE | | |
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| NAME OF PR | ROVIDER OR SUPPLIER | NAMOOSALLC | | RESS, CITY, STA | | | 04/2011 |
| BARTON | HOSPICE OF THE LAKE | E/VALLEY | MINDEN, N | ER STREET, S V 89423 | UITEK | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETE DATE |
| L 000 | 00 INITIAL COMMENTS | | | L 000 | | | |
| | This Statement of Deficiencies was generated as a result of a State Licensure Focused survey conducted in your facility on 5/4/11, in accordance with Nevada Administrative Code, Chapter 449, Provision of Hospice Care. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The agencies census was 5. Four patient charts were reviewed. One home visit was made. | | | | | | |
| | • | | | | | | |
| L 069 | 2. A plan of care must: (c) State the scope and frequency of each service to be provided to the patient and members of his family. This Regulation is not met as evidenced by: Based on clinical record review and staff interview, the agency failed to provide services as ordered by the physician, for each discipline on the plan of care. The visits provided to the patients did not meet the ordered frequency and duration on the plan of care for 2 of 4 patient records reviewed. (Patient #3 and #4) | | es as on and | L 069 | | | |
| | The physician ordere | of care date was 3/29/1 d a medical social work nich was done on 4/5/11 | er | | | | |

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (X3) DATE SURVEY COMPLETED | | |
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| | NVN3839HPC | | | | | 05/04 | 4/2011 |
| NAME OF PR | OVIDER OR SUPPLIER | | STREET ADDRE | SS, CITY, STA | TE, ZIP CODE | | |
| BARTON | HOSPICE OF THE LAKE | /VALLEY | 1617 WATER MINDEN, NV | | UITE K | | |
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| L 069 | The MSW recommended and the physician ordered MSW visits to be done one to two times a week for two weeks. One visit was done on 4/13/11 and another on 4/27/11 (two weeks later). There was no MSW visit the week of 4/17 - 4/23/11. 2. Patient #4's start of care date was 4/22/11. The physician ordered an MSW evaluation which was done 4/25/11. The MSW recommended and the physician ordered MSW visits to be done three to four times in the first month (April 2011). No other MSW visits were made the first month. Scope: 2 Severity: 2 | | | L 069 | | | |
| L9999 | Scope: 2 Severity: 2 FINAL OBSERVATIONS NAC 441A.375(3) Before initial employment, a person employed in a medical facility or a facility for the dependent shall have a: (a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and (b) Mantoux tuberculin skin test, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination. If the employee has no documented history of a 2-step Mantoux tuberculin skin test and has not had a single Mantoux tuberculin skin test within the preceding 12 months, then a 2-step Mantoux tuberculin skin test must be administered. A single annual Mantoux tuberculin skin test must be administered thereafter. | | | L9999 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | | (X2) MULTIP | LE CONSTRUCTION | (X3) DATE S COMPLI | |
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| L9999 | Continued From page 2 | | | L9999 | | | |
| | NAC 441A.375(4) An employee with a documented history of a positive Mantoux tuberculin skin test is exempt from screening with skin test or chest radiographs unless he develops symptoms suggestive of tuberculosis. NAC 441A.375(6) | | | | | | |
| | Counseling and preventive therapy must be offered to a person with a positive Mantoux tuberculin skin test in accordance with the recommendations of the American Thoracic Society and the American Lung Association se forth in "Tuberculosis: What the Physician Should Know." | | set | | | | |
| | staff of a facility for the facility for extended contermediate care share (b) Within 24 hours after person with a history (BCG) vaccination, is ensure that the person skin test, unless there administer the test in is admitted, the staff of that the test is perform qualified person arrived days after the patient sooner. (c) If the person has retwo-step Mantoux tubhad a single Mantoux tubhad a single Mantoux the 12 months preceded. | provided in this section, e dependent or a medicare, skilled nursing, or all: fter a person, including of bacillus Calmette-Guadmitted to the facility, in has a Mantoux tuberce is not a person qualificathe facility when the peof the facility when the peof the facility shall ensured within 24 hours after at the facility or within is admitted, whichever no documented history perculin skin test and has tuberculin skin test with the same admission, ensured the state of the same admission, ensured the same admission admission, ensured the same admission admissi | a uerin culin ed to erson re er a in 5 is of a as not thin that | | | | |

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| | Mantoux tuberculin skin test, the facility shall ensure that the person has a single Mantoux tuberculin skin test annually thereafter. | | | | | | |
| | TB Testing Requireme | ents | | | | | |
| | the dependent: Placed suspected cases; sure employees. 1. A case having to case considered to ha facility or a facility for placed in Acid-fast bacared for in accordance (AFB) precautions set Disease Control Guid Precautions in Hospitare commendations of the Control for preventing tuberculosis in facilities forth in "Guidelines for Transmission of Tube Settings, with Special Issues." 2. A medical facilities dependent shall main | als " and the the Centers for Disease the transmission of es providing health care for Preventing the erculosis in Health-Care Focus on HIV-Related ty or facility for the tain surveillance of lity for tuberculosis and | ed edical ed | | | | |
| | employees must be co | onducted in accordance | | | | | |
| | employees must be conducted in accordance with the recommendations of the Centers for Disease Control for preventing the transmission of tuberculosis in facilities providing health care set forth in "Guidelines for Preventing the Transmission of Tuberculosis in Health-Care Settings, with Special Focus on HIV-Related Issues." 3. Before initial employment, a person employed in a medical facility or a facility for the | | sion are | | | | |

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| | (a) Physical examilicensed physician that good health, is free from any other communications stage; and (b) Mantoux tuberd persons with a history (BCG) vaccination. If the employee has not 2-step Mantoux tuber had a single Mantoux the preceding 12 more tuberculin skin test musingle annual Mantous be administered there 4. An employee wat a positive Mantoux tuster from screening with stradiographs unless he suggestive of tuberculous. A person who dest administered pursus to a chest radii evaluation for active to 6. Counseling and offered to a person with tuberculin skin test in recommendations of the Society and the Amerforth in "Tuberculosi Should Know." 7. A medical facili surveillance of employpulmonary symptoms tuberculosis or a posi report promptly to the if any, or to the directors. | ination or certification frat the person is in a state of active tuberculosis. The person is in a state of active tuberculosis. The person is in a contage of the person in the person in characteristic person in char | te of and gious Guerin of a not hin toux oust ory of empt eskin hall ust be set ent of cy of shall alist, large | | | | |
| | designated an infection | if the medical facility had on control specialist, whoms develop. If sympton | nen | | | | |

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| L9999 | of tuberculosis are prevaluated for tuberculosis are prevaluated for tuberculosis are prevaluated for tuberculosis (Added to NAC by NAC 441A.380 Admedical facility for extor intermediate care of Testing; respiratory is counseling and prevelocumentation. 1. Except as othe section, before admitting facility for extended contermediate care, the ensure that a chest rabeen taken within 30 to the facility. 2. Except as othe section, the staff of a a medical facility for extended (a) Before admitting determine if the person (1) Has had a context (2) Has a cough (3) Has blood in (4) Has a fever a cold, flu, or other approximately (5) Is experience (6) Is experience (6) Is experience (7) Has been in who has active tuberce (b) Within 24 hours person with a history | esent, the employee shalosis. Bd. of Health, eff. 1-24 dmission of persons to tended care, skilled nursor facility for the dependentive therapy; rwise provided in this ting a person to a medicare, skilled nursing, or estaff of the facility shalograph of the person days preceding admissions rwise provided in this facility for the dependentiate care shall: and a person to the facility on: cough for more than 3 the which is productive; and have the productive; and the productive operated illness; and the productive operated illness; and the productive operated weight and close contact with a productive operated illness; and the productive operated weight and close contact with a productive operated illness; and the productive operated weight and close contact with a productive operated weight. | esing, dent: ent; cal ll has sion ht or dy, de with terson ing a uerin | 19999 | | | |
| | ensure that the perso skin test, unless there | n has a Mantoux tuberons is not a person qualified the facility when the pa | culin ed to | | | | |

| NVN3839HPC NAME OF PROVIDER OR SUPPLIER BARTON HOSPICE OF THE LAKE/VALLEY SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MINDEN, NV 89423) (X4) ID PREFIX TAG (EACH DEFICIENCY MINDEN CROSS-REFERENCED TO THE APPROPRIATE DATE OF CONSTRUCTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE OF CONSTRUCTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE OF CONSTRUCTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE OF CROSS-REFERENCED TO THE AP | | STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | (X2) MULTIP | PLE CONSTRUCTION | (X3) DATE SI COMPLE | |
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| is admitted. If there is not a person qualified to administer the test in the facility when the person is admitted, the staff of the facility shall ensure that the test is performed within 24 hours after a qualified person arrives at the facility or within 5 days after the patient is admitted, whichever is sooner. (c) If the person has no documented history of a two-step Mantoux tuberculin skin test and has not had a single Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a two-step Mantoux tuberculin skin test, the facility shall ensure that the person has a single Mantoux | PREFIX | (EACH DEFICIENCY MUST BE PRECEDED BY FULL | | | PREFIX | (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF | E ACTION SHOULD BE COM TO THE APPROPRIATE D. | |
| administer the test in the facility when the person is admitted, the staff of the facility shall ensure that the test is performed within 24 hours after a qualified person arrives at the facility or within 5 days after the patient is admitted, whichever is sooner. (c) If the person has no documented history of a two-step Mantoux tuberculin skin test and has not had a single Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a two-step Mantoux tuberculin skin test. After a person has had a two-step Mantoux tuberculin skin test, the facility shall ensure that the person has a single Mantoux | L9999 | Continued From page 6 | | | L9999 | | | |
| tuberculin skin test annually thereafter. 3. A person with a documented history of a positive Mantoux tuberculin skin test is exempt from skin testing and routine annual chest radiographs, but the staff of the facility shall ensure that the person is evaluated at least annually for the presence or absence of symptoms of tuberculosis. 4. If the staff of the facility determines that a person has had a cough for more than 3 weeks and that he has one or more of the other symptoms described in paragraph (a) of subsection 2, the person may be admitted to the facility if the staff keeps the person in respiratory isolation until a health care provider determines whether the person has active tuberculosis. If the staff is not able to keep the person in respiratory isolation, the staff shall not admit the person until a health care provider determines that the person does not have active tuberculosis. 5. If a test or evaluation indicates that a person has suspected or active tuberculosis, the staff of the facility, or, if he has already been admitted, | | is admitted. If there is administer the test in is admitted, the staff of that the test is perform qualified person arrived days after the patient sooner. (c) If the person has a two-step Mantoux to the the test is perform within the 12 months ensure that the person tuberculin skin test. A two-step Mantoux tubeshall ensure that the puberculin skin test are 3. A person with a positive Mantoux tubesfrom skin testing and radiographs, but the sensure that the person skin testing and radiographs, but the sensure that the person nually for the presessymptoms of tuberculary for the presessymptoms of tuberculary for the presessymptoms described subsection 2, the person has had a could and that he has one of symptoms described subsection 2, the person has had a could subsection 2, the person has suspected subsection, the staff shad a health care provided does not have active 5. If a test or evaluation of the facility shades a subsection of the facility shades and the facility shades a subsection subsection subsection subsection subsection and the staff shades are provided does not have active 5. If a test or evaluation of the facility shades are subsection subsecti | a not a person qualified the facility when the person the facility shall ensured within 24 hours after a state of a toux tuberculin skin test and a toux tuberculin skin test preceding admission, on has a two-step Mantoffer a person has had a perculin skin test, the fact person has a single Manually thereafter. A documented history of perculin skin test is exemple to the facility shall on its evaluated at least ence or absence of the facility determines the person in respiration of the person in respiration and the person in determines that | erson re er a n 5 is ory of has t cility ntoux f a npt at a eks t the ttory nes lf the ttory until erson t the | | | | |

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| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE | | |
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| unless the facility keeps the person in respiratory isolation. The person must be kept in respiratory isolation until a health care provider determines that the person does not have active tuberculosis or certifies that although the person has active tuberculosis or certifies that although the person has active tuberculosis is no longer infectious. A health care provider shall not certify that a person with active tuberculosis is not infectious unless the health care provider has obtained not less than three consecutive negative sputum AFB smears which were collected on separate days. 6. If a test indicates that a person who has been or will be admitted to a facility has active tuberculosis, the staff of the facility shall ensure that the person is treated for the disease in accordance with the recommendations of the American Thoracic Society and the American Lung Association for the counseling of, and effective therapy for, a person having active tuberculosis. The recommendations are set forth in "Tuberculosis: What the Physician Should Know." 7. The staff of the facility shall ensure that counseling and preventive therapy are offered to each resident with a positive tuberculin skin test in accordance with the recommendations of the American Lung Association set forth in "Tuberculosis: What the Physician Should Know." 8. The staff of the facility shall ensure that any action carried out pursuant to this section and the results thereof are documented in the person's medical record. (Added to NAC by Bd. of Health, eff. 1-24-92; A 3-28-96) Based on record review and staff interview, the agency failed to provide tuberculosis testing and pre-employment physicals as required under NAC 441A.375. | | |

Bureau of Health Care Quality and Compliance

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| | Review of her person test done 2/2/11 but to second step. 2. Nine of 9 employe physicals which had to statement that the perhealth, is free from according to the statement of | nel file revealed a TB s he file lacked evidence es lacked pre-employm he required physician rson is in a state of goo tive tuberculosis and a disease in a contagious | of a nent od ny | | | | |

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